This rehabilitation program is designed to return the individual to their full activities as quickly and safely as possible following a Deltoid ligament repair. Modifications to this guideline may be necessary dependent on physician specific instruction or other procedures performed. This evidence-based guideline is criterion-based; time frames and visits in each phase will vary depending on many factors. The therapist may modify the program appropriately depending on the individual’s goals for activity following a Deltoid ligament repair.

This guideline is intended to provide the treating clinician a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient’s post-operative care based on exam/treatment findings, individual progress, and/or the presence of concomitant procedures or post-operative complications. If the clinician should have questions regarding post-operative progression, they should contact the referring physician.

* **Weightbearing Progression:**
	+ Weeks 0 - 2: Non-weight bearing
	+ Weeks 2 – 4: Partial weight bearing progressing to WBAT with walking boot
	+ Weeks 4 - 8: Full weight bearing with walking boot
	+ Weeks 8+: Full weight bearing

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| --- | --- | --- |
| **Phase** | **Suggested Interventions** | **Goals/Milestones for Progression** |
| **Phase I** Weeks 0 – 2  | Immobilization: Cast or walking boot WB Status: NWB Precautions: Avoid passive or active ankle ROM Therapy: * Cryotherapy, compression, elevation
* Hip, knee and core strengthening
* Toe curls, toe extension, toe spreads
* Transfer and gait training with optimal AD
 | Goals of Phase:1. Edema control/reduction
2. Protection of surgical site
3. Independence with safe mobility

Criteria to Advance to Next Phase:1. Reduction in pain and edema
 |
| **Phase II**Weeks 2-8 | Immobilization: Cast or walking boot WB Status: Partial weight bearing progressing to WBAT with walking boot and appropriate AD as needed Precautions: Avoid stretching into ankle eversion or external rotationTherapy:* Initiate PROM, AAROM and AROM for all planes of ankle mobility
* Ankle sub-max isometric strengthening in neutral
* Proprioception activities involving double leg stance
* Gait training
* Nustep, Anti-gravity treadmill
* Continue with hip, knee and core strengthening
* Light soft tissue mobilization as indicated
* Joint mobilizations as indicated, avoiding tensioning of deltoid ligament
 | Goals of Phase:1. Protection of the repair
2. Normalized gait pattern with walking boot
3. Prevention of scar adhesions

Criteria to Advance to Next Phase: 1. Pain-free ambulation
2. Pain-free AROM of ankle in all planes
 |
| **Phase III**Weeks 8-12 | WB Status: Full weight bearing with ankle stabilizing brace as needed Therapy:* Ankle AROM in all planes with alphabet, circles, BAPS board
* Standing BAPS board
* Progression of ankle strengthening from short arc isotonics to full arc isotonics to eccentrics
* Gastrocnemius/soleus stretching
* Proprioception activities involving unilateral stance
* Gait drills: forward march, backward march, side stepping, backward stepping
* Bike, elliptical
* Soft tissue mobilization and joint mobilizations as indicated
 | Goals of Phase: 1. Full ankle ROM
2. 5/5 strength in all ankle muscle groups
3. Normalized, pain-free gait on even/uneven surfaces and stairs (with or without ankle brace as needed)

Criteria to Advance to Next Phase: 1. Full ankle strength on manual muscle testing
2. Single leg balance equal to contralateral side
 |
| **Phase IV**Weeks 12 + | Precautions: Continue use of ankle brace during sports or high level activity for 6 months for increased stability and proprioception Therapy: * Toe running/hopping
* Initiate jogging with progression to running
* Jump rope
* Initiate proprioception and plyometric activities
	+ Horizontal leg press jumps
	+ Bilateral jumps: Vertical jumps in place, up to and down from 4” and 6” blocks
	+ Depth jumps up and down from 8” and 12” block
	+ Lateral jumping over line, up and over 4” block
	+ Jumps in series with multiple planes
	+ Start with straight line running, progress to large figure 8’s, cutting and zig-zags
	+ Retro jog, side shuffle, carioca, bounding, jog-sprint-jog, figure eights, 45 degree cuts, 90 degree cuts, single leg hop for distance, single leg hop for time
* Sport-specific movements
 | Goals of Phase: 1. No apprehension with sport-specific drills and activities
2. Stability with high velocity movements
3. No pain with plyometric activities

Return to Sport:1. May return to sport after receiving clearance by orthopedic surgeon along with physical therapist/athletic trainer
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